



Filing ID #10023407

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Allison A. Stephens
Status: Congressional Candidate
State/District: NV04

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2018
Filing Date: 05/16/2018

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
401K ⇒ 401K [OT]		\$15,001 - \$50,000	None		
DESCRIPTION: retirement plan - diversified assets across publicly-traded stock, cash, etc.					
529 Prepaid Tuition Plan [5P]		\$1,001 - \$15,000	None		
LOCATION: NV					
529 Savings Plan [5P]		\$1 - \$1,000	None		
LOCATION: NV					

* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
VillageHealth DM, LLC	salary	\$104,000.00	\$101,719.58
Board of Regents Nevada System of Higher Education	Per diem	N/A	\$1,840.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	GM Financial	September 2015	auto loan	\$10,000 - \$15,000
	Navient	August 1998 - January 2018	student loans	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Board of Directors	Nevada PEP
Board of Regents	Nevada System of Higher Education
Member, Finance and Audit Committee	Association of Community College Trustees
Board of Directors	Better Education Today
COMMENTS: no longer affiliated with this organization	

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

SCHEDULE A ASSET CLASS DETAILS

◦ 401K

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Allison A. Stephens , 05/16/2018